UPDATE AND DISSEMINATION OF THE *COLLECTION OF EVIDENCE-BASED PRACTICES FOR CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH TREATMENT NEEDS*

STUDY PLAN

Study Mandate

- The Commission on Youth is directed to:
  - Revise the *Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs 5th Edition* (the "Collection"). The *Collection* is to be revised biennially pursuant to Senate Joint Resolution 358 (2003);
  - Seek the assistance of the Study Advisory Group, the Secretary of Health and Human Resources, the Secretary of Public Safety, and the Secretary of Education;
  - Make the *Collection* available through web technologies; and
  - Develop a cost-effective and efficient dissemination method.

Identified Issues

- The *Collection* was originally published in 2002, and is updated biennially. The Commission is currently drafting its 6th Edition with information about evidence-based practices for children and adolescents with mental health treatment needs. The *Collection* includes information about screening and assessment instruments, juvenile offenders, antidepressants and the risk of suicide, and other helpful features including a glossary of terms and commonly used acronyms. The *Collection* is updated with the assistance of an advisory group of experts and is tailored for parents, caregivers, educators, service providers, and others with an interest in children's mental health.
- Disorders included in the *Collection* are presented as classified in the *Diagnostic and Statistical Manual Fifth Edition* (*DSM-5*) of the American Psychiatric Association (APA). This resource was published in 2013 and classifies mental health disorders. Insurance companies frequently require an official *DSM* diagnosis in order to cover the costs of medication or therapy.
- The American Psychiatric Association has made several significant changes to the categorization of disorders included in the *DSM-5,* which will generate considerable changes for the *Collection* in the 6th Edition.
- A major change is that the *DSM-5* no longer separates diagnostic criteria between youth and adults. This was a purposeful change in order to provide clinicians a resource in which a progression of a given disorder can be seen from early childhood in to adulthood. Other significant changes include the following:
  - Attention deficit/hyperactivity disorder (ADHD) requires an individual's symptoms to be present prior to age 12, compared to 7 by the *DSM-IV*. The three subtypes of ADHD were also revised.
  - Anxiety Disorder no longer includes obsessive-compulsive disorder, now its own category, or posttraumatic stress disorder (PTSD) and acute stress disorder, both part of the Trauma section. Panic attack, panic disorder and agoraphobia, specific phobia, and social anxiety disorder (social phobia) have also been revised.
  - Autism spectrum disorder (ASD) incorporates four disorders, including Asperger's disorder, with the *DSM-5* classifying autism as a single condition with varying symptom severity. Also, only two domains of impairment are now recognized; social communication and restricted, repetitive patterns of behavior interests or activities. All

three criteria in the social communication domain are now required to be present for a diagnosis of autism.
    - These changes have not been without controversy, as the National Institutes of Health (NIH) issued a request for information from stakeholders regarding the implications of these changes.
- Depressive Disorders are relatively unchanged, with the addition of the new disruptive mood dysregulation disorder.
- Disruptive, Impulse-Control, and Conduct Disorders is also new to the *DSM-5*, but it includes oppositional defiant disorder; conduct disorder; other specified and unspecified disruptive, impulse-control and conduct disorders; intermittent explosive disorder; pyromania; and kleptomania. All of these include problems in emotional and behavioral self-control, and additional criteria changes apply to oppositional defiance disorder and intermittent explosive disorder.
- Early-Onset Schizophrenia now requires at least one symptom of delusions, hallucinations, and disorganized speech, with the addition of a second symptom from that list or grossly disorganized or catatonic behavior and negative symptoms. The *DSM-5* eliminates *DSM-IV* subtypes, and includes several new delusion types.
- Eating disorders previously listed among "Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence" are now listed in the "Feeding and Eating Disorders" chapter. Some eating disorder criteria changed, including the new "binge eating disorder" separate from bulimia. They include pica, rumination and avoidant/restrictive food intake disorder in addition to anorexia, bulimia and binge eating.
- Intellectual Disability changed significantly from its *DSM-IV* predecessor, mental retardation. Clinicians must consider both IQ and adaptive functioning.
- Motor Disorders encompasses disorders which were once included in Habit Disorders, which no longer exists. This section includes developmental coordination disorder; stereotypic movement disorder; Tourette's disorder; persistent (chronic) motor or vocal tic disorder; provisional tic disorder; other specified tic disorder; and unspecified tic disorder.
- Non-Suicidal Self Injury (NSSI) was a symptom of borderline personality disorder (BPD) in the *DSM-IV*, but is now a stand-alone disorder. NSSI can occur independent of BPD.
- Obsessive-Compulsive and Related Disorders reflects a significant change in the *DSM-5* and creates a new chapter. These include hoarding disorder, which is new to the *DSM-5*. Excoriation (skin-picking) disorder; obsessive-compulsive and related disorder due to another medical condition; and substance/medication-induced obsessive-compulsive and related disorder are also included in this chapter. Trichotillomania (hair-pulling disorder), moved from impulse control disorders to obsessive-compulsive and related disorders in *DSM-5*. The criteria for many of these disorders are new or different.
- Pediatric Bipolar emphasizes changes in activity, energy and mood when detecting manic and hypomanic episodes. A new specifier, "with mixed features" for episodes of mania or hypomania when depressive features are present replaces the requirement of both mania and major depressive episode. "With mixed features" also applies to episodes of depression with mania or hypomania episodes occur in major depressive disorder or bipolar disorder.
- Posttraumatic Stress Disorder (PTSD) includes a new subtype for children younger than six. This change is based on recent research detailing what PTSD looks like in young children.
- Specific Learning Disorder no longer limits learning disorders to reading, mathematics, and written expression. Rather, the *DSM-5* criteria describes shortcomings in general academic skills and provide detailed specifiers. Just as the *DSM-IV*, dyslexia is included in the descriptive text.

- Trauma- and Stressor-Related Disorders include acute stress disorder, adjustment disorders, PTSD, and reactive attachment disorder.
- Adjustment Disorders include several stress-response syndromes occurring after exposure to a distressing event, whether or not it is traumatic.
- Substance Use Disorders replaces substance abuse and substance dependence categories, and is specific to each substance. Each substance use disorder is divided into mild, moderate, and severe subtypes, with at least 2 symptoms required for any diagnosis. The substances highlighted in the *Collection* include alcohol; caffeine; cannabis; hallucinogens; phencyclidine (PCP); inhalants; opioids; sedatives, hypnotics, or anxiolytics; stimulants; and tobacco.
- Youth Suicide is incorporated in the new "suicidal behavior" diagnosis category. Patients expressing suicidal behavior within the past 24 months, but who do not qualify for another psychiatric disorder, now meet these criteria.

Study Activities

- Identify parameters and limits of update
  - Disorders/illnesses and treatments to be included
  - Resources to be included
    - Overview for Families
    - Recent Changes from the *DSM-IV* to the *DSM-5*
- Identify and examine sources of evidence-based research
- Re-organize the content based on the *DSM-5*
- Submit *Collection* sections and recommendations to the Advisory Group for comment
- Partner with other agencies on dissemination
  - Governor's Task Force On Improving Mental Health Services And Crisis Response
  - Center for Behavioral Health and Justice
  - Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century (SJ 47, 2014)
  - Local Education Agencies/School Divisions
  - Office of Comprehensive Services and Department of Behavioral Health and Developmental Services
- Identify goals, strategies and mechanisms for continued dissemination of the *Collection*
- Identify funding for dissemination of print editions
- Identify additional partners and participants in biennial update and training initiatives
- Develop recommendations
  - Suggested modifications to *Collection*
  - Partnership or agreement with partner organizations for biennial update
  - Legislative or budget proposals
- Complete revisions to *Collection*
- Present findings and recommendations to the Commission on Youth
- Complete report to the General Assembly